

## AGREEMENT BETWEEN

[Name of meal provider] MEAL PROGRAM

AND

[Name of hospital] HOSPITAL

[Name of meal provider] Meal Program, hereinafter referred to as [Name of meal provider], and [Name of hospital] enter into an agreement for services as follows:

1. [Name of meal provider] agrees to provide home delivered meals to individuals identified by [Name of hospital] as participants in the “Rapid Response” program.
2. Service Area: [Name of meal provider] delivers meals seven days a week in all areas of [Name of county] County.
3. [Name of hospital] will provide client information to complete referral (See Attachment A). Client may be over or under 60 years old.
4. [Name of hospital] will indicate the length of Rapid Response Meals which may be up to and including [number of days] calendar days. Meals may be provided up to and including [number of days] calendar days in special circumstances, whereby the [Name of hospital decision maker] fax authorization to [Name of meal provider] within 2 days of meal start date.
5. Telephone referrals are to be made to the Customer Service Department [Intake phone number] between 8:00 a.m. and 4:00 p.m., Monday through Friday, to assure meal delivery the following day. Saturday and Sunday referrals are to be made between 8:30 a.m. and 3:00 p.m. by calling [Meal program number]. Please note that the delivery department will make every effort to start a new referral the next day. In an emergency, service can begin the same day if the referral is received prior to 8:30 a.m.
6. [Name of hospital] agrees to identify [Name of meal provider] as the meal provider in any promotional material describing or marketing the Rapid Response Program.
7. [Name of meal provider] will invoice [Name of hospital] by the 20<sup>th</sup> of the month for all meals delivered the previous month. [Name of hospital] agrees to make timely payment.

8. [Name of hospital] agrees to pay \$6.24 per meal for the hot meal and \$12.00 per day for both the hot and cold meals for participants.
9. Referrals for other [Name of meal provider] services may be given at the same time the meal referral is made.
10. Toward the end of the authorized Rapid Response meal period the patient will be contacted by Meal Provider assessment staff and evaluated for continued meal service. A sliding fee-scale will be used to assign the patient's donation for future meals.
11. This agreement is effective [start date] through [end date].
12. Either party may terminate this agreement upon 30 days written notice to the other.

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Date

[Name of meal provider] Meal Provider

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Date

[Name of hospital]

## Attachment A

[NAME OF HOSPITAL]

### Rapid Response referral Procedure

1. The [Name of hospital] staff call Meal Provider Customer Service Department [Intake phone number].

State: "I am calling from [Name of hospital] and have a Rapid Response referral."

Give the patient's hospital discharge date. The following is the least amount of patient information upon which Meal Provider can start meal service:

- Name
- Address (always include apartment number, drive, street, road, lane, lot number etc.)
- Telephone number
- Age
- Sex
- Social Security Number
- Handicap (Cane, walker, crutches, wheelchair, blind, deaf, bedridden, or other)
- Meal type:           Regular Menu or Diet Menu
- Special:             Mechanical soft or Puree (hot menus only)
- Meal Schedule (5 days hot, 7 days hot, 5 days hot and cold, or 7 days hot and cold)
- Emergency contact (Name, relationship to patient, telephone numbers)
- Date of expected first day of service
- Number of calendar days meals are required
- Caller's name, title, and telephone number

Although not required by Meal Provider, additional information about a patient's situation may be given by phone or via fax. The basic information listed above does not need to be sent by fax after the referral is made.